

Health Communication /Public Information Log Form

presentations, lectures, health fairs

Please attach to HCPI Report Form

Name of Contracting Agency:

Intervention Name:

Start and End Date	Location	Event and Key Message	Materials Distribution Indicate number distributed	Estimated Number in Audience
			____ Male condoms ____ SSKs ____ Female condoms ____ SIKs ____ lubricants ____ Referral lists ____ printed material ____	
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